

Paper for a panel at the 37. International Psychoanalytic Congress  
Buenos Aires 1991

**Title: The psychoanalyst's and patient's work with verbal symbols - an empirical contribution to the mechanism of psychic change**

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**ABSTRACT**

The psychoanalytic work may be conceptualized as an exchange process between the patient's free associations and the analyst's interventions that adduce the analyst's theory- guided understanding to the patient's experiential world. This leads to change in the language system and as we assume in the cognitive-affective system of the patient. Psychic change is conceptualized as a change of probability of occurrence of referents, a slow and not steady, but linear or non-linear trend process

To study this exchange process between analyst and patient a simplified version of the exchange process was constructed consisting of a limited repertoire of words of a single case. The investigation was based on the verbatim transcripts of the long-term, high frequency analytic treatment of a patient ; blocks of 5 sessions evenly distributed over the course of treatment were used to analyze the exchange and influencing process.

A count of both patient's and analyst's vocabulary led to identification of the 100 most frequent nouns. From this list we extracted 25 nouns that belonged to the most frequent and were psychologically relevant with regard to the special case . We regarded this list of 25 nouns as a kind of artificial language system representing the transactional world of this analysis. At any given time in the treatment a frequency ranking of these verbal symbols served as characterization of that treatment situation..

A detailed investigation on the interaction of three central words "anger", "pleasure" and "anxiety" - which determined the analyst's understanding of this

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IPA Kongress Buenos Aires 1991

severe anxiety neurosis demonstrates that psychic change can be demonstrated and how theory shapes the analyst's technique and how the patient rejects or assimilates the interpretative efforts of his analyst..

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## **The psychoanalyst's and patient's work with verbal symbols - an empirical contribution to the mechanism of psychic change**

"Any theory of change has to answer at least two basic questions: What entity or process is changing ? What makes it change ? The answer to these questions will determine the kind of selected observations and explanations that each theory has to offer" ( Luborsky & Schimek 1964, p.73).

The rules of psychoanalytic technique imply a number of arrangements that make the importance of language as its central tool quite obvious. His famous dictum in the Introductory Lectures - there is only an exchange of words in the analytic situation (SE Vol. XV, p. 17) specifies from a didactic perspective the aim of the procedure to the point. Referring to a general point of view, language consists of symbols that are primarily conceptual tools. They are shaping our understanding of the world creating a new world of symbolic entities. This understanding of the symbolic functions of language goes back to the work of Cassirer and has been brought to the attendance of the analytic community especially by the work of Susanne Langer. As Freud had developed his own rather idiosyncratic way of understanding symbols, some conceptual work with the different usage of the term symbol had to be done. Victor Rosen in his paper on "Sign Phenomena and Unconscious Meaning"(1969, Int. J. Psychoanal. 50: 197) has achieved this very convincingly.

The daily work of the psychoanalyst can be conceptualized as a process of differentiation of symbols from sign phenomena. Understanding meaning in terms of everyday meaning has to be completed by understanding the additional unconscious meaning any concrete piece of verbal material may carry. The technical rule of evenly hovering attention is directed to just this process. Listening to his patients associations the analyst first tries to capture the conventional meaning of what he listens to.

Suspending his reaction to this level of meaning he then tries to understand meanings beyond the everyday meaning. It is this process that we want to grasp

when discussing our technical manœuvres and the role of interpretation as a constituent part of it. By interpreting the analyst usually uses a metaperspective that is not immediately in his patient's view. For this purpose he makes use of his theoretical knowledge which he has obtained by training, be it as part of his own analytic experience or by studying what other psychoanalysts have already described. Empathy and introspection alone would not lead the analyst to his specific form of understanding; we would concede that the theoretical knowledge an analyst uses lies well hidden in his own unconscious, but this does not eliminate the necessity of theoretical constructions in our daily work (for further elaboration see Thomä and Kächele, 1975, chapter II and III).

The very existence of different schools in psychoanalysis (s. Cremerius, 1982) points to the feasibility of such theoretical divergence without hindering fruitful analytic work. One can safely assume that the complicatedness of human soul allows for quite a few of such divergent theoretical constructions that are all viable within the psychoanalytic frame of work (for the same point see Farrell 1981)

The psychoanalytic work may be conceptualized as an exchange process between the patient's free associations and the analyst's interpretations that adduce the analyst's theory- guided understanding to the patient's experiential world. This leads to change in the language system and as we assume in the cognitive - affective system of the patient. Psychic change is conceptualized as a change in the frequency of occurrence of certain referents which may be of experiential or behavioral nature. Language incorporates both sides; it is used to express oneself and it is observable. Therefore we settled for language phenomena to observe psychic change. We hypothesized that there is a slow and not steady, but linear or non-linear trend in the change process

In order to alleviate our task we decided to use a limited repertoire of verbal symbols only. The experiment was performed on the analytic treatment of Christian Y - a short account of his initial interview clinical is provided at the end and some case vignettes have been reported in Thomä & Kächele H (1991) - where from systematic tape-recording 11 x 5 sessions evenly selected out of a

total sample of 500 sessions had been transcribed. The study was further restricted to include nouns only assuming that the basic thematic content of sessions can be well represented by them.

We began the study by performing a vocabulary count of both patient's and analyst's vocabulary. From the 100 most frequent nouns that occurred in the 55 sessions we extracted 25 nouns that occurred frequently and were psychologically relevant. The following table 1 shows the list of words. We have added their place in the list of the most frequent hundred words in terms of their rank order to show that both propositions are met. For the following further study we regarded this list of 25 nouns as a kind of artificial language system..

<b>noun</b>	<b>patient rank order</b>	<b>analyst rank order</b>
anxiety	1,0	1,0
girl	2,0	7,0
doctor	3,5	94,0
time	6,0	37,0
thought	7,0	3,0
mother	8,0	30,0
word	10,5	30,0
people	10,5	52,5
pleasure	13,0	5,5
treatment	15,0	52,5
conception	15,0	26,5
feeling	18,5	9,0
wish	20,5	46,0
life	22,0	23,0
anger	23,0	2,0
complaint	25,0	16,5
sense	26,5	13,0
situation	28,5	20,0
nausea	33,5	94,0
man	40,0	46,0
despair	46,0	78,0
father	52,5	33,0

difficulty	60,0	66,0
parents	65,0	73,0
<u>woman</u>	<u>98,0</u>	<u>32,0</u>

Table 1: 25 out of 100 most frequent nouns of patient and analyst

As we were not interested in investigating manifest contextual relationships that means which words do co-occur in close temporal vicinity - but were looking for unconscious structural hierarchies, we combined the five sessions to a whole block or period which was then analyzed for the frequencies of occurrence. In order to alleviate comparability of the sampled periods we computed the rank order basing on numerical frequencies.

A first inspection of the resulting data pointed out that out of the 25 words of the list only 5 to 6 words were really frequent. Taking the absolute frequency of the 25 words for 100 % we could characterize a given period by listing just the prevalent verbal symbols. The table shows the results for the period 6, the sessions 251 - 255 of the treatment.

t <sub>6</sub> patient		t <sub>6</sub> analyst	
N = 150 nouns		N = 108 nouns	
anxiety	32,6 %	anger	25,9 %
anger	17,3 %	pleasure	24,1 %
wish	6,7 %	anxiety	20,2 %
pleasure	6,0 %	girl	9,6 %
idea	5,0 %	idea	4,8 %
complaint	5,0 %	thought	4,0 %
girl	5,0 %	time	3,0 %
time	5,0 %	feeling	2,0 %
<u>82,6 %</u>		<u>93,6 %</u>	

Table 2: Rank order at period 6 (sessions 251-255)

In order to give an impression of the face validity of these sign arrangements we now give a short account on the clinical features of these five sessions, summarized by the treating analyst.

*(not included in this preliminary version)*

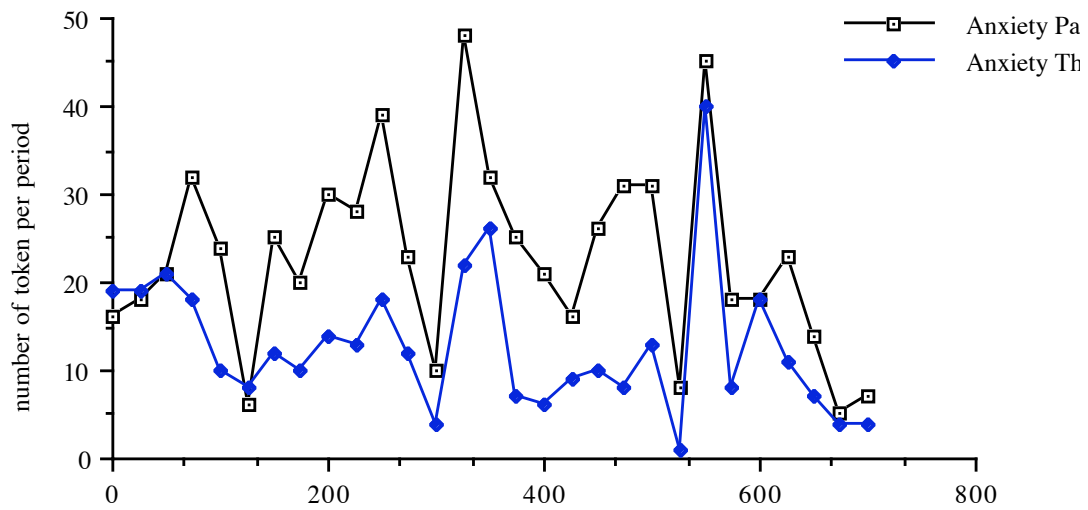
In our opinion the clinical summary makes evident that the pivotal concepts of the analytic work of these sessions are well represented in the hierarchy of symbols. The hierarchic ordering of these central concepts makes the technical step of the analyst obvious to place the triad of <anger>, <pleasure> and <anxiety> in the center of his work.

With this technique of identifying central thematic categories in the verbal activity of patient and analyst we then analyzed the frequency of occurrence of our elements that constitute the experimentally created micro-world over the course of treatment

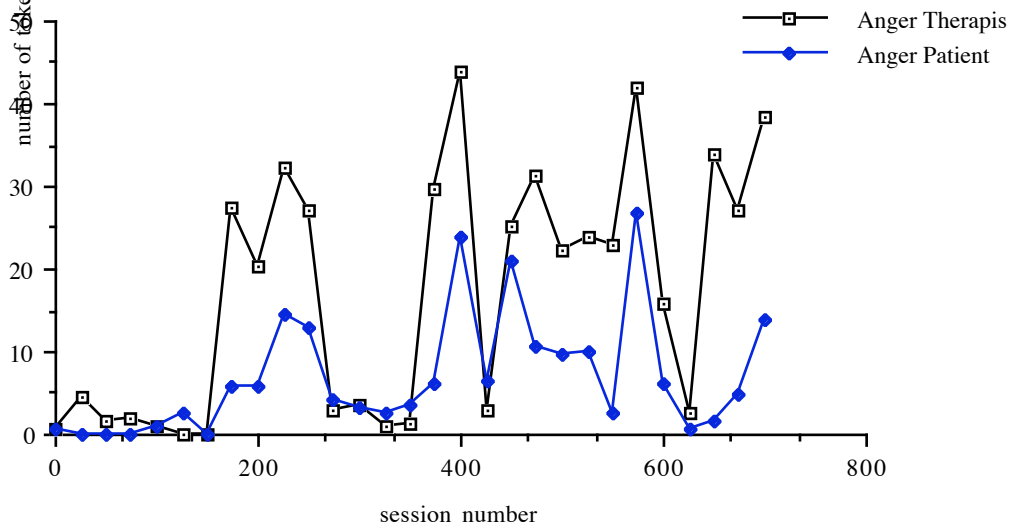
Starting from Fenichel's clinical description of the relation of anxiety to the underlying anger toward the early object we decided to study the interactional process of three nouns more specific: anxiety, anger, and pleasure. The word <pleasure>, most frequently denoting in the manifest context usually "I do not have pleasure" (Ich habe keine Lust) played in this treatment for long time no significant role.

The variations of the three nouns over the course of treatment inform about the semantic synchrony between patient and analyst (Table 3):

### Correlation "Anxiety" - Patient / Therapist

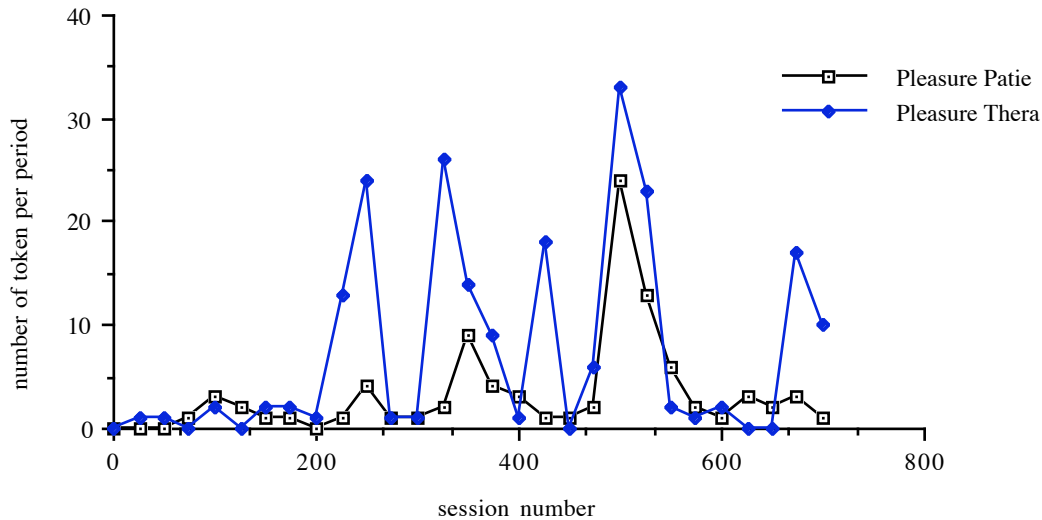


### Correlation "Anger" - Patient/ Therapist





### Correlation "Pleasure" Patient/Therapist



A first inspection of the graphical representations underlines a very important feature: there is a striking covariance of these central concepts. Balint's thesis that the patient has to learn the language of the analyst can just as well turned round by saying that both partners have to establish a satisfying mixture of similarity and diversity in talking about the inner world of the patient. The use of the word "anxiety" correlates between patient and analyst with  $+0.60$ ; the use of the word "anger" even correlates  $+0.81$  over the whole course of treatment. The concept "pleasure" over the whole course is not significantly related.

However, the similarity with regard to the use of the word "anxiety" only refers to the process aspect. The degree of intensity of usage shows a striking difference. The analyst though taking up this main complaint by the patient is reluctant in its use. The word "anger", practically not used as element in the dialogue for more than 150 sessions, is imported into the dialogue by the analyst in period 5 and 6 (sessions 201 - 205, 251 - 255). The period 6 has been reported to some extent above. It is in this phase of the treatment where the analyst tries for the first time to focus on the theoretically relevant triad of anxiety, anger and pleasure.

The same psychodynamic constellation appears again in the 11. period (session 501-505). The frequency hierarchy displays the relative positions of the three concepts very clearly. Table 6 shows the relative frequencies for the three concepts for patient and analyst:

t <sub>11</sub> patient <u>N = 269 nouns</u>		t <sub>11</sub> analyst <u>N = 144 nouns</u>	
anger	35,3 %	pleasure	32,4 %
anxiety	28,2 %	anger	23,2 %
pleasure	4,8 %	anxiety	14,0 %
<hr/> 68,3%		<hr/> 69,6%	

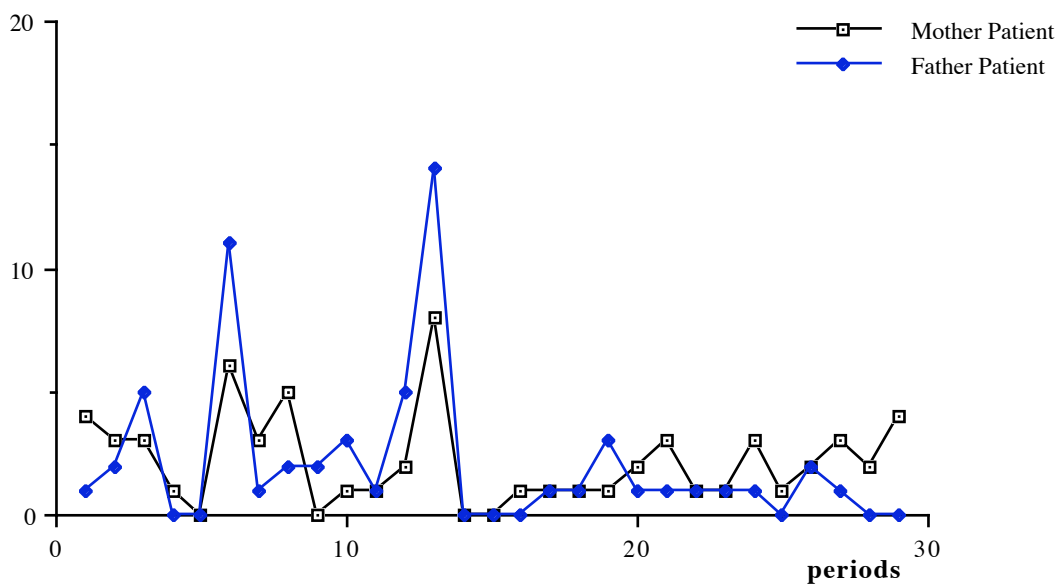
The clinical description of these sessions points to the fact that the patient is full of seemingly senseless anxieties. He cannot find much sense in life and feels himself unable to attain to any pleasurable activities. The analyst's interpretative steps involve the combination of pleasurable experiences with the necessary anger towards resisting objects. He preferable interprets the anxiety bouts as defense against unconscious anger, because the anger implies a forbidden pleasure. The psychosexual developmental phase of this period can be characterized by words otherwise seldom used as shit, garbage etc (Scheiße, Schiß, Mist).

Each of the sessions is characterized by a prevalence of one of the concepts. This applies both to patient's and analyst's usage. Session 504 seems to be an exemption. Studying the verbatim protocol in detail we could identify two parts of the session: the one being dominated by the concept "anxiety", the other one by the concept "pleasure". From these results we conclude that the process of analytic work tends to a concentration of one topic, which can switch within a session. Related topics can be organized in a supplementary way.

Analyzing the changes in the three leading concepts we distinctly perceive the interactionally organized change in probability of occurrence. The psychoanalytic notion of symptom involves not only an aspect of conflict but also an aspect of frequency as has been pointed out by von Mises in a few scanty remarks on psychoanalysis his little text book on positivism.

The same approach can be used for detailing other aspect of the treatment for examples looking at the patients concern for his parents:

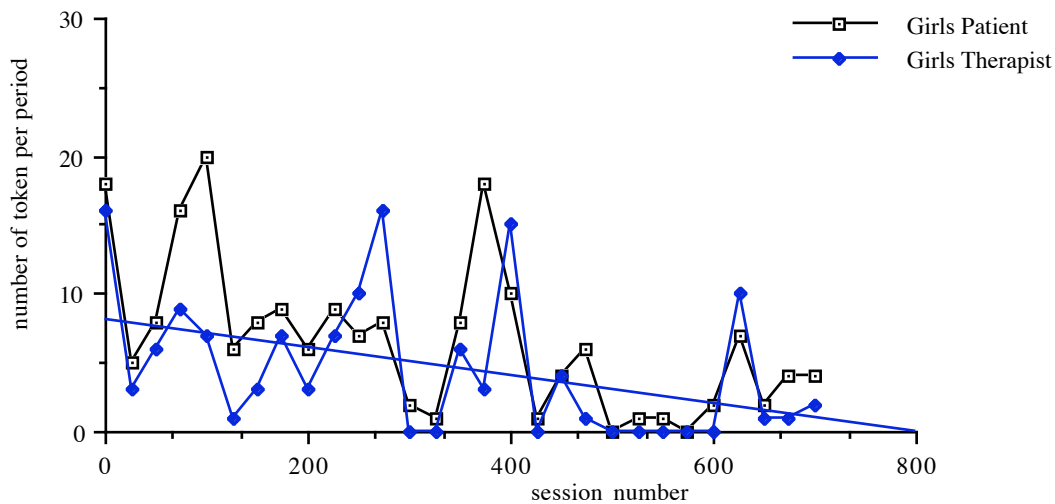
#### **Patient talking about Mother & father**



Somehow it looks like something has occurred; the second half of the treatment considerably less parental involvement.

Or let us look at the thematic importance of girls. The patient's breakdown was closely related to a girl's rejection; so at the beginning it was an important topic:

### Correlation "Girl" Patient/ Therapist



The trend is clear; within the treatment it does get less important. How do we know that this kind of change is psychic change in the way we would like to understand it, as a structural property of the psychic apparatus. We can not infer from these data; however I feel entitled to think they provide strong hypotheses: if in treatment speech changes so much its intentionalities, I would go for similar changes in experiences outside treatment.

### Concluding comments

This study identifies leading topics in the interactional working process that are registered over the course of treatment indicating psychic change of the patient. These topics are not understood as referring to the manifest content, but are thought of in terms of signifying leading unconscious themata being in the focus of analytic work. By constructing an artificial universe, selecting 25 out of the most frequent nouns of the protocols of an psychoanalytic treatment process, we can assume that these verbal symbols play a major role in the analytic enterprise. As it is with experimental studies in general, this experimental study does not adequately represent all verbal processes that take place, but it claims to evaluate a relevant feature of the analytic work.

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